PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

003163

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20=	* 13
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☑

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=	117	OR	X$18=	
X42=		OR	X84=	
+140=	140	OR	+280=	
TOTAL	627	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 76	Minus	** 33	=
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If th ntry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

☆U.S GPO.2001 482-124 / 59197

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHI
WHICH TO SUBMIT THE BALANCE DUE.   Extension of this 30 day period under
CFR 1.136(a) will not be permitted.   Failure to respond within this peri
will result in the application becoming abandoned.   35 U.S.C. 133.

The filing fees submitted in connection with this application are
insufficient. See the attached Patent Application-Fee Determination Reco:
(Form PTO-875).   The balance due for additional claims and/or multiple
dependent claims is summarized below:

☐   **A. Filing Fees due upon filing the application**

      Total Filing Fees Due   = $ _627_

      Less Filing Fees Submitted   - $(_370_)

      BALANCE DUE   = $ _257_

☐   **B. Fees due in connection with the amendment filed on** _____

      Total Fees Due   = $ _____

      Less Fees Submitted   - $(_____)

      BALANCE DUE   = $ _____

ATTACHMENT: FORM PTO-875

Clerk of Group
_____

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYME

Fee submitted $ _____   Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

  Print Name: _____   Signature: _____

PTO-319XRev. 7-90

NOTICE OF FEE DUE

DATE: _11-19-01_

TO: _Formality_

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: _09987770_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☐ Insufficient fee by check

☐ Insufficient funds in deposit account

☑ ~~Declined~~ credit card   *Insuff. Fee by*

☑ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: _204 x 1_   ~~203 x 13~~   amount $ _140_   ~~117~~

The suspended fee code: 197   amount   - $ _—_

Fee Due   amount   = $ _257_

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _Yanedauy M. Polete_